

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT UNDER THE
CIVIL RIGHTS ACT, 42 U.S.C. § 1983, WITH JURISDICTION
UNDER 28 U.S.C. § 1343

2025 JUL 15 P 2:15

UNITED STATES DISTRICT COURT
DISTRICT OF MAINE

Matthew St. Hilaire

[Enter above the full name of
the plaintiff in this action]

v.

wellpath Holdings, INC.

John Doe

Jane Doe

[Enter above the full name of
the defendant(s) in this action]

et al

Docket no.

1. Previous Lawsuits

1. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes ☒ No ☐

2. If your answer to "A" is yes, describe the lawsuit in the space below.
[If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline]

1. Parties to this previous lawsuit

Plaintiff(s)

Matthew St. Hilaire

Defendant(s)

wellpath Holdings inc.
wellpath ccc

2. Court [If federal court, name the district; if state court, name the county]

U.S. Bankruptcy Court Houston Division, Texas

3. Docket number

24-90533(ARP)
Docket No. 491

4. Name of judge whom case was assigned UNKNOWN
5. Outcome [for example: It is still pending? Was it dismissed? Was it appealed] Pending
6. Approximate date of filing lawsuit 4-21-25
7. Approximate date of outcome _____

II. Place of present confinement Maine State Prison

A. Is there a prisoner grievance procedure in this institution?
Yes [☒] No [☐]

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure? Yes [☒] No [☐]

C. If your answer is "Yes"

1. What steps did you take? Grievance Ailed, verbal complaints (sick calls), Hospital visits
2. What was the result? Dismissed then appealed

III. Parties

[In item "A" below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.]

A. Name of Plaintiff Matthew St. Hilaire
Address 807 Cushing Rd. Warren ME 04864

[In item "B" below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item "C" for the names, positions, and places of employment of any additional defendants.]

B. Name of Defendant Wellpath Holdings LLC

Position _____

Address PO Box 4420
Beaverton, OR 97076

C. Additional Defendant(s)

John Doe

Jane Doe

etAL.

IV. Statement of Claim

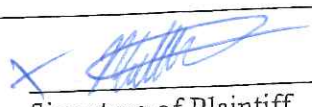
[State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheet if necessary.]

- * The Defendant failed to treat medical illness repeatedly
- left the plaintiff in pain for 3 1/2 years.
- * Failure to treat
- * Failure to provide follow up treatment
- * Refusal to provide necessary medical care
- * Intentional infliction of emotional distress

22. Relief

[State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.]


Seek punitive damages \$1,500,000.00
 Compensatory Damages \$750,000.00

X 
 Signature of Plaintiff

Signed this 1 day of July, 2025

I declare under penalty of perjury that the foregoing is true and correct.

7-1-25
 Date

X 
 Signature of Plaintiff